

1. Introduction

The Pharmacy Integration Fund (PhIF) has been created through the community pharmacy review that is led by the Department of Health as part of the package of proposals under consideration to transform the way pharmacy and community pharmacy services are commissioned from 2016/17 and beyond¹. In December 2015 the joint letter from the Department of Health and NHS England announced that a consultation would take place on how the Fund should be used. The Pharmacy Integration Fund is the responsibility of NHS England and is separate to any negotiations related to the Community Pharmacy Contractual Framework (CPCF). It will be used to validate and inform any future reform of the CPCF going forward.

The key areas for the operational delivery of the Five Year Forward View² will be used as the guiding principles for deployment of the Fund i.e.:

- Improving care and quality
- Improving health and well being
- Closing the finance and efficiency gap

The PhIF will be used to commission and evaluate activities that bring about clinical pharmacy integration within the NHS and the community demonstrating improvements in health outcomes for patients and the public in primary care and in the community. This will include the delivery of medicines optimisation and the improvement of health and wellbeing, both through community pharmacies and elsewhere in primary care as part of an integrated patient pathway and for the general public.

The PhIF will be an important means of driving transformation of the pharmacy sector. It will aim to shift the balance of funding from dispensing activity towards clinical activity, putting pharmacists' skills, as well as those of other pharmacy professionals and their teams, to better use in line with calls from various commentators within the sector over the years to make better use of pharmacies, pharmacists and the wider pharmacy skill set.

Public Health England is developing a "value proposition" to inform the local commissioning of community pharmacy services by local authorities as referenced in the December 2015 letter. NICE is expected to publish a guideline in 2018 about the role of community pharmacy in promoting health and well being. This work is separate to the PhIF but will inform the future local commissioning of services for public health services from community pharmacy.

2. Consultation

¹ <https://www.gov.uk/government/publications/putting-community-pharmacy-at-the-heart-of-the-nhs>

² <https://www.gov.uk/guidance/delivering-the-forward-view-nhs-planning-guidance-for-201617-to-202021>

The consultation on the Pharmacy Integration Fund completed 24th March 2016. Thirty-nine written responses were received by the Department of Health that specifically mentioned the Pharmacy Integration Fund. They came from a range of stakeholders including Pharmaceutical Services Negotiating Committee, Local Pharmaceutical Committees, Royal Pharmaceutical Society, Pharmacy Voice, Health Watch, Pharmacy Local Professional Networks, individual pharmacists, Clinical Commissioning Groups, Pharmaceutical Advisors Group and Association of Pharmacy Technicians UK. Over 10 face to face further meetings were held with stakeholders that included in addition other stakeholders such as Pharmacy Defence Association, Association of Healthcare Pharmacists and the Dispensing Doctors Association.

General support for the fund was expressed and ideas provided on where the funding should be focussed. Care Homes and Urgent Care were particularly highlighted accepting that the GP Clinical Pharmacist pilots were already running and so keen that other models should be considered and developed. Mental Health and Learning Disabilities were highlighted as priority areas for NHS England and so should be considered along with building on how other funds and New Care Models are being developed and prevent duplication.

On 28th April 2016 a further stakeholder Workshop was held jointly with the Department of Health and NHS England. This provided opportunity for a more detailed discussion with stakeholders, sharing the findings from the consultation process and the establishment of an independent review of community pharmacy clinical services that is led by an independent chair, Richard Murray, Policy Director, King's Fund.

Further bilateral meetings have been held in May 2016 with a number of stakeholders including regional Health Watch representatives with detailed discussions about the Pharmacy Integration Fund.

It is anticipated that further consultation will be undertaken over the course of the 5 years of the fund with patients and the public, pharmacy stakeholders and others with a particular interest in the development of clinical pharmacy services in primary care.

3. Investment

In December 2015 the joint letter stated that in 2016/17 £20m would be available for the PhIF, which will rise to £100m by 2020/21 so that over the course of 5 years £300m will be distributed through the Fund.

Through the business planning process, NHS England has identified the need to achieve efficiency savings that has impacted on all transformation and new care models programmes. Some of the PhiF has been set aside to achieve those efficiency savings in the first year in line with all other NHS England funding streams.

For 2016/17, NHS England has allocated £2m to roll out two initiatives to integrate pharmacy into urgent care: a national urgent medicines supply pilot as a referral from NHS 111; and work to improve access to pharmacy minor illness services via NHS 111.

For 2017/18, £40m will be used to fund a range of workforce developments for pharmacists and pharmacy technicians working in a range of settings to better integrate pharmacy into

NHS primary care services. We will continue working with organisations involved in indemnity insurance to ensure pharmacy professionals have access to the insurance they need to enable them to adopt new ways of working. The Fund will also continue to support the national urgent care pilot and commission an evaluation.

The Chief Pharmaceutical Officer's Independent Review of Community Pharmacy Clinical Services is planned to report at the end of 2016 and this will inform how the Fund will be used to invest in shaping the integration of community pharmacy clinical services.

There has been a commitment to use up to 5% of the PhIF for evaluation of any programmes of work supported by the Fund and following consultation this will also be available to support evaluation where the integration and transformation of clinical pharmacy is underway led by local teams as part of Sustainability and Transformation Plans.

Ongoing planning and engagement with stakeholders will help to shape and determine the further deployment of the Fund beyond 2018.

The governance of the Fund is overseen by an NHS England Pharmacy Integration Oversight Group that includes representation from CCGs, NHS England regions, General Practice, Patients and Carers, Department of Health, Health Education England and Public Health England.

4. Pharmacy Integration Priorities: Years 1 and 2

4.1 Workforce development

Health Education England (HEE) is producing a workforce plan for pharmacy professionals for March 2017 that covers the whole health care system. This will be bringing together the work they have already done for secondary care with a fresh piece of work to develop a plan for primary care. Pharmacists and pharmacy technicians are already working across care settings and using the learning and development they gain to improve patient care. This combined plan will inform future investment in developing staff pre- and post-registration.

The following initial programme of workforce development has already been commissioned through the Fund to develop the post-registration pharmacy workforce:

- Educational grants for community pharmacists to undertake post-graduate clinical pharmacy certificate training that potentially can lead to a clinical pharmacy diploma.
- Pharmacy technician clinical leadership programme.
- Training and development for pharmacists working in care homes – to include independent prescribing qualification.
- Training and development for pharmacists working in integrated urgent care clinical hubs including NHS 111 and GP Out of Hours – to include independent prescribing qualification.

4.2 Care homes

In September 2016 NHS England published *The Framework for Enhanced Health in Care Homes*. This describes an enhanced health in care homes (EHCH) care model that has come out of the six EHCH vanguards in England. It is based on a suite of evidence based

interventions which are designed to be delivered within and around a care home in a co-ordinated manner in order to make the biggest difference to its residents.

The PhIF care homes task and finish group, jointly chaired by the Royal Pharmaceutical Society and NHS England, is using the EHCH model to identify how to develop integrated clinical pharmacy models to support care home residents. The following areas have been identified for development:

- Mapping the range of services provided by community pharmacies to care homes and how they are commissioned.
- Deployment of pharmacy professionals into care homes and evaluation of the models of integrated clinical pharmacy that achieve the best outcomes for patients.

The intention is to develop the new models of integrated clinical pharmacy for people looked after in their own homes.

4.3 Integrated Urgent Care

The Integrated Urgent Care (IUC) / NHS 111 / NHS England / HEE Workforce Development Programme has undertaken some initial pilot studies to evaluate the role of the clinical pharmacist working within the NHS 111 contact centre. This pilot work and the NHS 111 Phase 2 Learning and Development programme have shown that pharmacists can add value to the clinical skill mix working within the Clinical IUC hub, completing calls and providing self-care advice across a range of calls that involve the use of medicines.

The PhIF IUC clinical hub task and finish group has identified the following areas for development:

- Deployment of pharmacists into IUC Clinical hubs to roll out with the IUC clinical hub development and evaluation of the role within the hub as part of the multi-disciplinary teams (MDT) to identify the impact on the referral rates and patient outcomes.
- Identification of the tools and infrastructure that best support the role of the pharmacist to provide safe and effective care.
- Identification of the optimum case mix handled by the pharmacists to ensure efficiency.

4.4 Urgent Care

NHS England has already published a toolkit to support the development of local urgent care programmes and these are in place in many parts of England.

NHS England now wants to take this further to integrate community pharmacy into the NHS' national urgent care system and develop a national pharmacy urgent care programme. This will be piloted in two work streams to run in parallel from December 2016 to April 2018.

From January 2017 NHS England will start to evaluate both elements of the urgent care programme to assess the impact on the national urgent and emergency care system. The Pharmacy Integration Fund will be the resource to support the development and evaluation of the programme.

Urgent medicines supply service:

- This will be tested as a national pilot from December 2016 to March 2018, as a direct referral from NHS 111 to community pharmacies. This will speed up access to urgently needed repeat medicines because they will no longer need a GP out-of-hours appointment, and it will route patients away from A&E who might otherwise attend to request urgent medicines. The aim is to reduce the approximate 200,000 calls per year to NHS 111 for urgent repeat prescription medicines. The usual NHS prescription charges and exemptions will apply to this service.
- Over the course of the pilot the service will be evaluated to inform the development of a national service with particular focus on integration into the wider NHS to support existing urgent care and general practice.

Urgent minor illness care:

- This will develop an evidence-based, clinical and cost-effective approach to how community pharmacists and their teams contribute to urgent care in the NHS, in particular making the referral of people with minor ailments from NHS 111 to community pharmacy much more robust. So supporting people with minor ailments becomes a core part of NHS pharmacy practice, and pharmacy becomes an integral part of the NHS' urgent care system.
- This will reduce waiting times in general practice and free up GPs who are estimated to spend nearly 40 per cent of their time advising patients on minor ailments.
- From December 2016 to April 2018, NHS England will test the technical integration and clinical governance framework for referral to community pharmacy from NHS 111 for people who need immediate help with urgent minor ailments where this is appropriate for community pharmacy.

4.5 General Practice

The roll out of the clinical pharmacists in General Practice is set to commence from April 2017. There are other models already in place in parts of England where the pharmacist is not directly employed by the General Practice or Federation. The intention is to work with the NHS England Primary Care Transformation team to look at other models and use the PhIF to undertake a more detailed evaluation over the duration of the roll out.

4.6 Digital

NHS Digital has responsibility for delivering the Medicines Digital Strategy under Domain E. Pharmacy Integration through digital technologies is key to achieving efficiencies and modernising community pharmacy to link it to the rest of the health care system. The following priorities have been identified that will be supported by the PhIF:

- Developing the adoption of messaging and transfer of care data to community pharmacy from NHS 111 and hospital care settings, and the sending of a post event message from community pharmacy to other care settings
- Supporting the uptake of NHS Mail2 by community pharmacies
- Supporting the uptake of the Electronic Prescription Service tracker by NHS 111 and IUC clinical hubs

4.7 Independent Review of Community Pharmacy Clinical Services

The need for an in-depth Clinical Services Review for community pharmacy was determined by:

- The changing needs for healthcare, in particular the demands of an ageing population with multiple long term conditions.
- Emerging models of pharmaceutical care provision.
- Evidence of sub-optimal outcomes from medicines in primary care settings.
- The need to improve value through integration of pharmacy and clinical pharmaceutical skills into patient pathways and emerging new care models.

The review is examining the evidence base of the clinical elements of the current Community Pharmacy Contractual Framework and other clinical services and will make recommendations for commissioning models and clinical pharmacy services aimed at ensuring community pharmacy is better integrated with primary care.

NHS England intends to use the recommendations expected Autumn 2016 to inform its approach to the commissioning of NHS clinical pharmacy services once these recommendations have been properly considered. The PhIF will support these changes and to help transform how pharmacists and community pharmacy will operate in the NHS.

5. Engagement

A pharmacy integration stakeholder reference group will be established in 2017 to ensure engagement with a wide range of stakeholders. This will be in addition to the two task and finish groups that have already been established for care homes and integrated urgent care.

The work on urgent care will also be reported through to the Pharmacy Reference Group for the Keeping People Well and Stable work stream of the NHS England Out of Hospital Urgent Care programme.

Engagement with patients and the public is also planned for 2017 to ensure their involvement in the development of the work plans.

The NHS England Pharmacy Local Professional Networks will be an essential channel for seeking feedback and communicating developments throughout the 5 years of the PhIF.

6. Future plans

The intention is to build on the work of the first two years of the PhIF and expanding the scope of the work as the Fund grows.

The PhIF consultation identified mental health as an area that needed to be addressed for pharmacy integration.